N16000000571

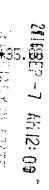
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Grupo de Neuroticos Anonimos Aprendiendo a Amar Corp NAME OF CORPORATION:
N16000000571 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Elena Paulino
(Name of Contact Person)
(Firm/ Company)
7838 Coral Way
(Address)
Miami, FL 33155
(City/ State and Zip Code)
info@neuroticosanonimosmiami.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Grupo de Neuroticos Anonimos Aprendiendo a A	mar Corp			
(Name of Corporation	as current	tly filed with the Florida Dept. of State)		_
N16000000571				
(Docur	nent Numbe	er of Corporation (if known)		_
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Profit Corporation	adopts the follow	ring
A. If amending name, enter the new name of the	e corporati	on:		
N/A			The n	aul ?
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abbreviatio		, " E
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		N/A	57) 205	Eb -
		N/A	, 4, 5 mg, 1 mg, 2, 2	===
		N/A	95	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	± 6.2 €	(8)
,				
•				
D. If amending the registered agent and/or regis			: <u>he</u>	
new registered agent and/or the new register				
Name of New Registered Agent: Maria Ele		na Paulino		_
	921 SW 7	I AVE		
New Registered Office Address:		(Florida street address)		
New Registered Office Address.	Miami , Florida 331		33144	
		(City) (Zi	p Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			e position.	
_	Sij	gnature of New Digistered Agent, if chang	ing	_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>M</u>	Carolina Padron	10815 NW 50 ST APT 305
Add			Miami, FL 33178
X Remove			
2) Change			
Add			
Remove			***************************************
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
<u></u>				

		August 26, 2016	
	date of each amendment this document was signed	(s) adoption:	, if other than the
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Ado	pption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated Augus	et 26, 2016	
		chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or	
		ourt appointed fiduciary by that fiduciary)	
	\overline{C}	arolina Padron	
		(Typed or printed name of person signing)	
	<u>^</u>	nember	
		(Title of person signing)	